



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

BALLOT QUESTION COMMITTEE
COVER PAGE

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed by the treasurer or designated record keeper.

3. This Statement covers From: 10/21/19 To 11/25/19

1. Committee I.D. Number

139782

2. Committee Name

Washington Area Recreation Supporters

4. Committee's Mailing Address

6917 Baulden Pointe Drive
Washington MI 48094

Area Code and Phone: 586 531 1344

If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.

5. Treasurer's Name and Residential Address

Carol Marshall
same

Area Code and Phone

6. Treasurer's Business Address

Carol Marshall
same

Area Code and Phone

7. Designated Record Keeper's Name and Mailing Address
(If the committee has a Designated Record Keeper)

N/A

Area Code and Phone

8. TYPE OF STATEMENT:

8a. ☐ PRE-ELECTION

OR

☒ POST-ELECTION

Pre-Election or Post-Election
Statement relates to:

☐ PRIMARY

☒ GENERAL

☐ SCHOOL

☐ SPECIAL

☐ OTHER: _____

Date of Election:

11/5/19

8b.

☐ FEBRUARY STATEMENT

☐ APRIL STATEMENT

☐ JULY STATEMENT

☐ OCTOBER STATEMENT

8c. ☐ ANNUAL STATEMENT

(____ Coverage Year)

8d.

☐ Post Petition Sample Filing
under MCL 168.483a

(Required of Statewide Ballot
Question. Committees only after
the submission of a sample petition
prior to circulating the petition)

8e. ☐ AMENDMENT TO
CAMPAIGN STATEMENT

(Complete Item 8a, 8b, 8c 8d, or 8f
to indicate which Statement is
being amended)

8f. ☒ DISSOLUTION OF
COMMITTEE REQUEST

Effective Date of Dissolution

11/25/19

By checking this item, I certify that
the committee has no assets or
outstanding debts, including late
filing fees. Note: The disposition of
residual funds must be reported on
Schedule 4B and the Summary
Page.

A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in items 4, 5, 6, or 7 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement can not be waived.

9. Verification: I certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my knowledge and belief the contents are true, accurate and complete.

Current Treasurer or
Designated Record Keeper

Carol Marshall
Type or Print Name

Carol Marshall
Signature



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

SUMMARY PAGE
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number

139782

2. Committee Name

Washington Area Recreation Supporters

RECEIPTS

3. Contributions

a. Itemized Contributions (Schedule 4A, Column 6)

(3a.) \$ 0

b. Unitemized Contributions
(less than \$20.01 - no Schedule)

(3b.) \$ NOT APPLICABLE

c. Subtotal of Contributions

(3c.) \$ 0

4. Other Receipts (Schedule 4A-1, Column 6)

(4.) \$ 0

5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS
(Add Line 3 c + Line 4)

(5.) \$ 0

Column II
Cumulative for Election Cycle

(18.) \$ 1600⁰⁰

(19.) \$ 0

(20.) \$ 1600⁰⁰

IN-KIND CONTRIBUTIONS

6. In-Kind Contributions

a. Itemized In-Kind Contributions
(Schedule 4-IK, Column 7)

(6a.) \$ 3719³⁷

b. Unitemized (less than \$20.01 each - no Schedule)

(6b.) \$ NOT APPLICABLE

7. TOTAL IN-KIND CONTRIBUTIONS
(Add Line 6a + Line 6b)

(7.) \$ 3719³⁷

(21.) \$ 8102⁶⁷

EXPENDITURES

8. Expenditures

a. Itemized Direct Expenditures (Schedule 4B, Column 7)

(8a.) \$ 871⁷⁸

b. Itemized Get-Out-The Vote (Schedule 4B-G, Column 6)

(8b.) \$ 0

c. In-Kind Expenditures - Purchase of Goods or Services
(Schedule 4B-2, Column 7)

(8c.) \$ 0

d. Unitemized Expenditures (\$50.00 or less-no Schedule)

(8d.) \$ 0

e. Subtotal of Expenditures

(8e.) \$ 871⁷⁸

(22.) \$ 1600⁰⁰

9. Independent Expenditures (Schedule 4B-1, Column 7)

(9.) \$ 0

(23.) \$ 0

10. TOTAL EXPENDITURES (Add Line 8e + Line 9)

(10.) \$ 871⁷⁸

(24.) \$ 1,600⁰⁰

IN-KIND EXPENDITURES

11. Total In-Kind Expenditures-Endorsements, Donations or
Loans of Goods or Services (Schedule 4B-2, Column 8)

(11.) \$ 0

(25.) \$ 0

DEBTS AND OBLIGATIONS

12. Debts and Obligations

a. Owed by the Committee (Schedule 4E)

(12a.) \$ 0

b. Owed to the Committee (Schedule 4E)

(12b.) \$ 0

BALANCE STATEMENT

13. Ending Balance of last report filed
(Enter zero if no previous reports have been filed.)

(13.) \$ 871⁷⁸

14. Amount received during reporting period
(Line 5, Column I, Total Contributions & Other Receipts)

(14.) + 0

15. SUBTOTAL Add lines 13 and 14

(15.) = 871⁷⁸

16. Amount expended during reporting period
(Line 10, Column I, Total Expenditures)

(16.) - 871⁷⁸

17. ENDING BALANCE
(Subtract line 16 from line 15)

(17.) \$ 0

*If your ending balance is negative, please recheck your math.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED IN-KIND CONTRIBUTIONS
SCHEDULE 4-IK
BALLOT QUESTION COMMITTEE

1. Committee I. D. Number

139782

2. Committee Name

Washington Area Recreational Suppliers

3. Name and Address from whom received If contribution is from an individual, please enter last name first.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
<p>Contribution #1 Name & Address: Mike Nicky 11716 Meadow Place Washington MI 48034</p> <p>If over \$100.00 cumulative, please provide: Occupation Treasurer Employer Name & Address: Washington Twp 57900 Van Dyke Washington MI 48034</p> <p><input type="checkbox"/> Fund Raiser</p>	<p>4. <input type="checkbox"/> Loan endorsement or guarantee <input type="checkbox"/> Goods Donated or loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased by Others <input type="checkbox"/> Goods or Services Purchased by Others - LOAN</p> <p>Description Flyer</p> <p>5. DATE OF RECEIPT: 11/1/19 Click Here for Memo Itemization</p> <p>6. VENDOR NAME & ADDRESS: LPC Group 21222 Cass Ave Clinton Twp MI 48036</p>	\$ 3560 ⁰⁰	\$ 4018 ⁹⁴
<p>Contribution #2 Name & Address: Cindy Knight 68223 Hillside Washington MI 48035</p> <p>If over \$100.00 cumulative, please provide: Occupation Realtor Employer Name & Address: Kennis Realty Self Employed</p> <p><input type="checkbox"/> Fund Raiser</p>	<p>4. <input type="checkbox"/> Loan endorsement or guarantee <input type="checkbox"/> Goods Donated or loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased by Others <input type="checkbox"/> Goods or Services Purchased by Others - LOAN</p> <p>Description Facebook ads</p> <p>5. DATE OF RECEIPT: Various Click Here for Memo Itemization</p> <p>6. VENDOR NAME & ADDRESS: Facebook California</p>	\$ 159 ³⁷	\$ 309 ³⁷
<p>Contribution #3 Name & Address:</p> <p>If over \$100.00 cumulative, please provide: Occupation</p> <p>Employer Name & Address:</p> <p><input type="checkbox"/> Fund Raiser</p>	<p>4. <input type="checkbox"/> Loan endorsement or guarantee <input type="checkbox"/> Goods Donated or loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Others <input type="checkbox"/> Goods or Services Purchased by Others - LOAN</p> <p>Description</p> <p>5. DATE OF RECEIPT:</p> <p>6. VENDOR NAME & ADDRESS:</p>	\$	\$

Page Subtotal

3719³⁷

Grand Total of all Schedules 4-IK
(Complete on last page of Schedule)

3719³⁷

Enter this total on
line 6a of
Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED DIRECT EXPENDITURES
SCHEDULE 4B

BALLOT QUESTION COMMITTEE

1. Committee I. D. Number 139782
2. Committee Name Washington Area Recreation Supporters

3. Name and address of person to whom paid	4. State purpose of expenditure. 5. Identify the ballot proposal involved. Indicate whether supported or opposed.	6. Date	7. Amount	8. Cumulative for election
Expenditure # 1 Name & Address: <u>Jordano Graphics</u> <u>71300 Van Dyke</u> <u>Romem, MI 48065</u>	4. Purpose: <u>loan sign</u> 5. Ballot Proposal: <u>Support Recreation</u>	<u>10/17/19</u> Date of Expenditure	<u>\$ 332⁰⁰</u>	<u>\$ 5443⁵²</u>
<input checked="" type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	County: <u>Macomb</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	Click for Memo Itemization Type		
Expenditure # 2 Name & Address: <u>Jordano Graphics</u> <u>See above</u>	4. Purpose: <u>shirts</u> 5. Ballot Proposal: <u>Support recreation</u>	<u>10/28/19</u> Date of Expenditure	<u>\$ 276²⁰</u>	<u>\$ 5719⁷²</u>
<input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	County: <u>Macomb</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	Click for Memo Itemization Type		
Expenditure # 3 Name & Address: <u>Dan OLeary</u> <u>60148 Miriam</u> <u>Washington MI 48094</u>	4. Purpose: <u>putter - loan payoff</u> 5. Ballot Proposal: <u>Support recreation</u>	<u>11/2/19</u> Date of Expenditure	<u>\$ 248⁵¹</u>	<u>\$ 5719⁷²</u>
<input checked="" type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	County: <u>Macomb</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	Click for Memo Itemization Type		
Expenditure # 4 Name & Address: <u>Carol Marshall</u> <u>6917 Boulder Point Dr</u> <u>Washington MI 48094</u>	4. Purpose: <u>Pen - loan payoff</u> 5. Ballot Proposal: <u>Support recreation</u>	<u>11/25/19</u> Date of Expenditure	<u>\$ 15⁰⁰</u>	<u>\$ 5719⁷²</u>
<input checked="" type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	County: <u>Macomb</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	Click for Memo Itemization Type		

Subtotal this page

Grand Total of Schedules 4B
(Complete on last page of Schedule)

871⁷⁸

871⁷⁸

Enter this total
on Line 8a of
the Summary
Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

DEBTS AND OBLIGATIONS
SCHEDULE 4E
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number

139782

2. Committee Name

Washin Area Recaler Supply

This Schedule itemizes:

(Check either a or b. Use only for the purpose checked.)

a. ☒ Debts and obligations owed by or forgiven the committee.

OR

b. ☐ Debts and obligations owed to or forgiven by the committee.

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed.

If debt is a bank loan, please provide information regarding the endorsers or guarantors, if any.

4. Type of Obligation (Description)

5. Indicate date debt was incurred

6. Indicate original amount of debt

7. Date and amount of each payment

8. Cumulative payment to date on debt

9. Outstanding Balance at close of this period (Item 6 minus Item 8)

Debt #1

Owed to or by:

Don O'Leary
60148 Miram
Washin Mi 48094

4. Type: advance for party

5. Date Debt Was Incurred

9/20/19

6. Original Amount of Debt

\$ 248.58

11/20 \$ 248.58

\$

\$

\$

\$

248.58

\$ 2

0

\$

\$

\$

\$

☐ FORGIVEN

If bank loan, name of endorser or guarantor:

Amount Endorsed: \$

Debt #2

Owed to or by:

Jordana Graphics
71300 Van Dyke
Romeo Mi 48065

4. Type: Loan sign liability

5. Date Debt Was Incurred

10/17/19

6. Original Amount of Debt

\$ 332.00

11/20 \$ 332.00

\$

\$

\$

\$

332.00

\$

\$

\$

\$

\$

0

\$

\$

\$

\$

\$

☐ FORGIVEN

If bank loan, name of endorser or guarantor:

Amount Endorsed: \$

Debt #3

Owed to or by:

Carol Marshall
6917 Baiter Pointe
Washin Mi 48094

4. Type: FEES

5. Date Debt Was Incurred

8/21/19

6. Original Amount of Debt

\$ 15.00

11/25 \$ 15.00

\$

\$

\$

\$

\$

15.00

\$

\$

\$

\$

\$

0

\$

\$

\$

\$

☐ FORGIVEN

If bank loan, name of endorser or guarantor:

Amount Endorsed: \$

Page Subtotal (Outstanding debt)

Grand Total of all Schedules 4E

(Complete on last page of Schedule showing amounts owed by or to the committee)

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.

Enter this total on line 12a "owed by", or line 12b "owed to" of the Summary Page